



United Methodist Men Member Info.

Member Info

First Name _____

Last Name _____

Address _____

Cell Phone _____ Home Phone _____

Email _____

Currently Involved in:

Program _____

Program _____

Program _____

Program _____

Are you in favor of Chartering our group as a fully chartered UMM member? _____

What activities would you like to see? (write in below)

Please return to the office, give to Pete Finnie or fill out, **SAVE** and return to the e-mail below.



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